

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	53					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS